

L22000456398

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

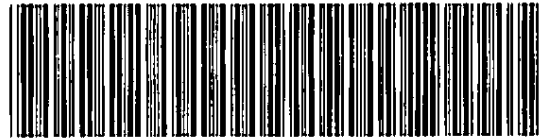
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200396928252

11/07/22--01029--005 ++25.00

FILED  
2022 NOV 7 AM 11:30  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILSON Delivery L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OSCAR WILSON  
(Name of Person)  
Wilson Delivery L.L.C.  
(Firm/Company)  
17014 White Mangrove drive  
(Address)  
Wimauma, Florida 33598  
(City/State and Zip Code)

For further information concerning this matter, please call:

OSCAR WILSON at (813) 781-2057  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☒ \$55.00 Filing Fee, Certificate of Dissolution &  
Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2022. 11-7 AM 11:31

1. The name of a limited liability company is

Wilson Delivery L.L.C.

2. The Articles of Organization were filed on 11-02-22 and assigned

document number L22000456398

3. The delayed effective date the dissolution if not effective on the date of filing: 10-24-22  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

First of all, I don't have a business but  
I wanted a LLC license. I had no ideal  
what I was doing but I want to cancel  
all of this.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

DSCAR WILSON  
17014 white mangrove drive  
Wimauma, Florida 33598

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Oscar Wilson  
Signature

DSCAR WILSON  
Printed Name

FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

**NOTE: This page is optional**

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Wilson Delivery L.L.C.

Document number of Limited Liability Company is: L22000456398

Date of dissolution was: ~~10-2~~ 11-02-22

Description of information that must be included in a written claim:

First of all, I don't have a business but I  
wanted a L.L.C. license, I had no idea what  
I was doing but I want to cancel  
everything.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Oscar Wilson  
17014 white mangrove drive  
Wimauma, FLA. 33598

FILED  
2022 NOV -7 AM 11:31  
CLERK OF STATE  
TALLAHASSEE, FL

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Oscar Wilson

Printed Name of the Person Filing

OSCAR WILSON

Oscar Wilson

Signature of the Person Filing